

Why Scare Tactics Don't Work

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Objectives

Understand why scare tactics cause high risk groups to be MORE attracted to the behavior

Understand ineffective and/or harmful strategies that should be avoided

Identify why youth have a different filter than adults when it comes to scare tactics.

Importance of collaborating with the prevention experts at the county and state level

Identify pro-active, comprehensive prevention approaches that encompass the needs of target populations

What do we
really mean by
a “scare tactic?”

Examples of Scare Tactics:

Graphic warnings



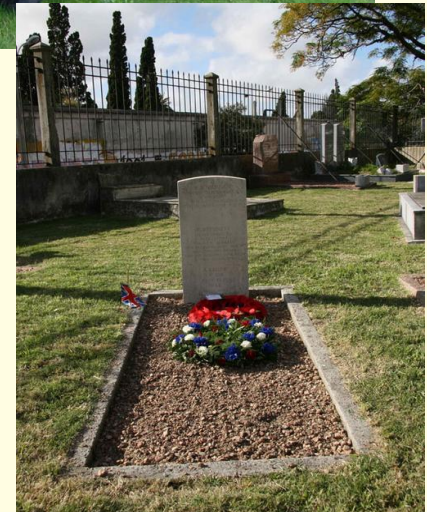
Graphic images



Scary stories told by someone in recovery

Tragic consequences told by families or others impacted by someone else's use

Mock DUI crashes

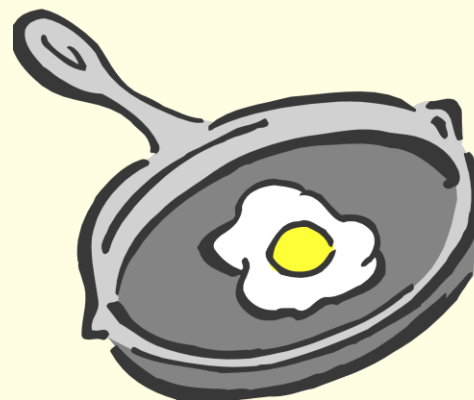


Scare Tactics: A Definition

Emphasizing the worst dangers of drug use in order to create fear and anxiety, in hopes that the *fear alone* will prevent or stop risky behaviors.

Our long history with scare tactics

- In every time period,**
- 1920's prohibition era**
- 1930's: Reefer Madness**
- 1970's: Scared Straight**
- 2001: Drug use supports terrorism!**



Fear-based Approaches

Strong intuitive appeal

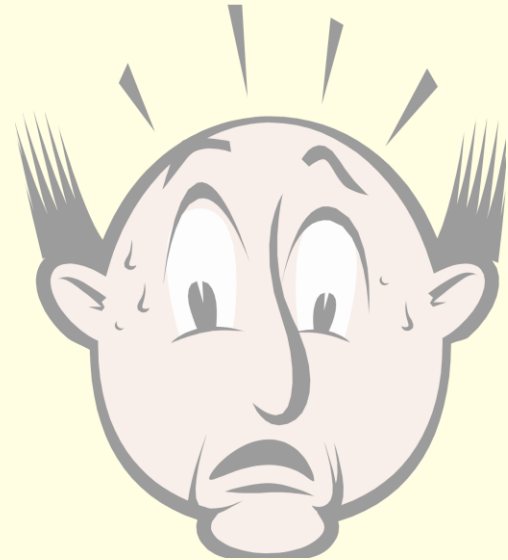
Tempting

Seems powerful

Our gut tells us this will work

Used by parents for ages

The “go-to” approach by youth leaders



BUT . . .

**Research shows scare tactics
are ineffective and can . . .**





**Over 60 years of studies show that
relying on fear simply does not
work**

**“Programs that rely on scare
tactics to prevent problems are
not only ineffective, but may
have damaging effects.”**

**National Institute of Health
Science Panel, 2004**

Research Against

- Richards, 1969
- 1970's studies of single focus scare programs
- Goodstadt, 1974
- Swisher & Hoffman, 1975
- Dorn & Thompson, 1976
- Kinder et al., 1980
- Schaps et al., 1981
- Beck, 1998
- Petrosino, Turpin-Petrosino & Finckenauer, 2000



Why scare tactics don't work

- 1. Often youth dismiss these messages,
as a defense to the feeling of fear.**

“That could never happen to me”

“I know people who do that, and they are fine.”



**Why scare tactics
don't work**

2. Youth have a different filter than adults

- Less life experience
- Status of brain development



**Why scare tactics
don't work**

3. High risk groups can be MORE attracted to the behavior

- Sensation-seekers
- Impulsive
- Risk-takers



Why scare tactics don't work

4. Strong warnings can send unintended messages.

**“Wow! Drug use must be a big problem,
with lots of people doing it and
resistance must be difficult.”**



Why scare tactics don't work

5. **Trauma: Showing graphic images could bring up past traumas**

We need to curb our instinct

Knowing that scare tactics don't work, doesn't stop that first, natural instinct from coming up.

But knowing what we know, we need to:

Recognize it

Pause

Consider the research

Identify other solutions



Message Test



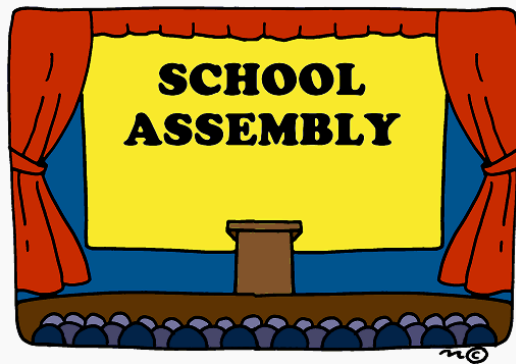
- Is fear the primary element of the message?
- Can it stand the test of time?
- Will it erode by the light of truth or experience?
- Does it include concrete steps to avoid the problem?

What does NOT Work?



Teaching only the adverse consequences of substance use

Focusing only on values clarification



Large assemblies



Focusing only on raising self-esteem



vs.



Didactic presentation of material

**If scare tactics worked,
there would be no:**

- Smoking
- Drinking & driving
- Teen pregnancy
- STDs, Etc...



**Prevention is more complex
than we would all like it to be.**

Prevention is both a

Movement & Discipline



Prevention is more than just education!

- **Assessing Community need**
- **Creating community awareness**
- **Obtaining community buy-in**
- **Creating community change**
- **Developing new laws & policies**
- **Advocacy with community leaders, policy makers**

****And these all need followed up with skill development!**

Prevention Institute

Prevention
and equity | at the center of community well-being

Community



Individual

LEVEL OF SPECTRUM	DEFINITION OF LEVEL
6 . Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes
5 . Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
4 . Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact
3 . Educating Providers	Informing providers who will transmit skills and knowledge to others
2 . Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
1 . Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety

- **Strong community buy-in**
- **Strong collaborative support**
- **Something we've "always done"**
- **Strong political support**

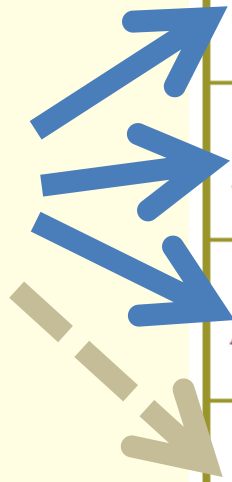
Is there a place in prevention for:

- Recovery speakers?
- Impacted families?

- **YES!** When done with the appropriate target population.
- Parents, teachers, coaches, faith-based leaders, other community leaders

****Not with children or adolescents****

**Best Fit:
Personal
Stories**



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Prevention Strategies

- **There are 6 Strategies that have been identified for effective Prevention**
- **All six strategies in appropriate proportions are needed as part of a comprehensive prevention approach**
 - **Education**
 - **Community-based Process**
 - **Environmental**
 - **Information Dissemination**
 - **Alternatives**
 - **Problem Identification & Referral**

This strategy focuses on the delivery of services to target audiences with the intent of influencing attitude and/or behavior.

For example:

- Classroom and Group Presentations
- YLP Conferences (Y2Y & OTI)
- Skill focused training
- Opportunities to utilize the skills that are taught to peer leaders



Community Based Processes

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This strategy focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking. (This strategy is not designed to be conducted alone but as part of a comprehensive evidenced-based approach)

Sample Methods:

- **Youth Advisory Boards**
- **PSAs**
- **Fundraising in the Community**
- **Community Service**
- **Town Hall Meetings**
- **School-Community Meetings**
- **Coalitions**

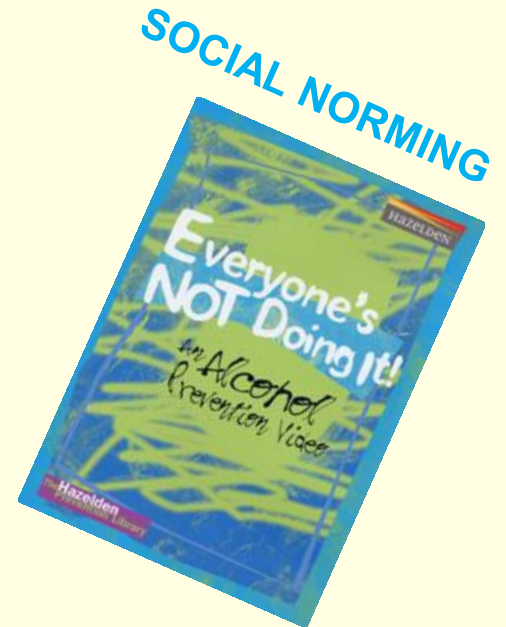


Environmental Approaches²⁸

- This strategy seeks to establish or change standards or policies to influence the incidence and prevalence of behavioral health problems in a population. This is accomplished through media, messaging, policy and enforcement activities conducted at multiple levels.

For Example:

- Social Norms Campaigns
- Compliance checks to be sure IDs are checked
- Limiting Alcohol Advertising



Information Dissemination²⁹

- This strategy focuses on building awareness and knowledge of behavioral health and the impact on individuals, families and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.

For Instance:

- Brochures
- Media Campaigns
- PSAs
- Health fairs
- Assemblies
- Information Booths at community events
- Red Ribbon Week activities



Alternatives³⁰



This strategy focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior, and reinforcing protective factors. Alternative programs include a wide range of social, cultural and community service/volunteer activities. This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.

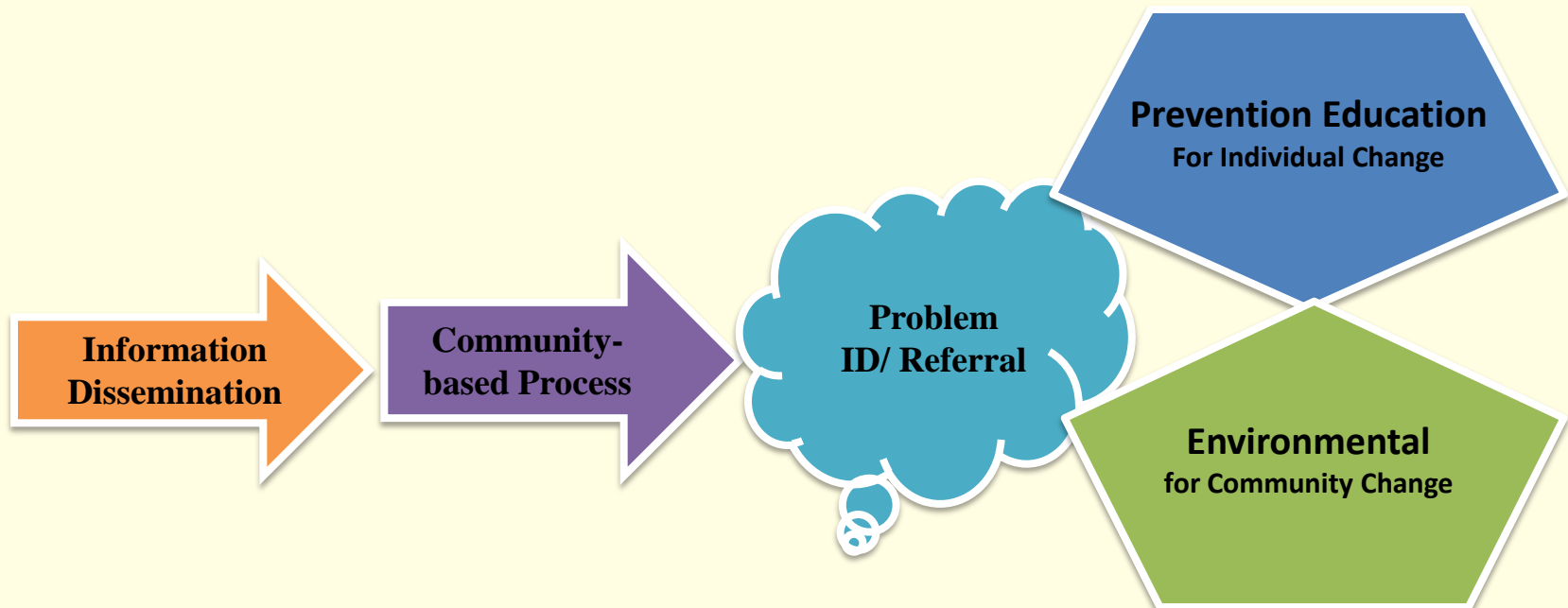
For Example:

- **Drug-free dances**
- **Fun Events**
- **Lock Ins**



Interaction of Prevention Strategies

- This graphic shows how the six CSAP Strategies contribute to individual and community-level change. The focus on intended level of change and the interaction of strategies allows for the interventions funded by multiple systems and funding streams to be integrated into one conceptual model for a community.



Summing up: Scare tactics . . .

- **May create immediate, temporary reactions, but these do not translate to the moment of choice.**
- **Can backfire, especially with high risk youth.**
- **Creates lack of trust in other prevention messages when dangers don't match personal experience.**
- **Can create the impression that drug use is more prevalent than it really is.**
- **Wastes precious resources: Time, money, attention**

We need to help **PREPARE** them,
Not **SCARE** them!

Focus on Research-based Prevention Strategies

NIDA InfoFACTS

www.drugabuse.gov

National Institute on Drug Abuse • National Institutes of Health • U.S. Department of Health & Human Services

Lessons from Prevention Research*

The principles listed below are the result of long-term research studies on the origins of drug abuse behaviors and the common elements of effective prevention programs. These principles were developed to help prevention practitioners use the results of prevention research to address drug use among children, adolescents, and young adults in communities across the country. Parents, educators, and community leaders can use these principles to help guide their thinking, planning, selection, and delivery of drug abuse prevention programs at the community level.

Prevention programs are generally designed for use in a particular setting, such as at home, at school, or within the community, but can be adapted for use in several settings. In addition, programs are also designed with the intended audience in mind: for everyone in the population, for those at greater risk, and for those already involved with drugs or other problem behaviors. Some programs can be geared for more than one audience.

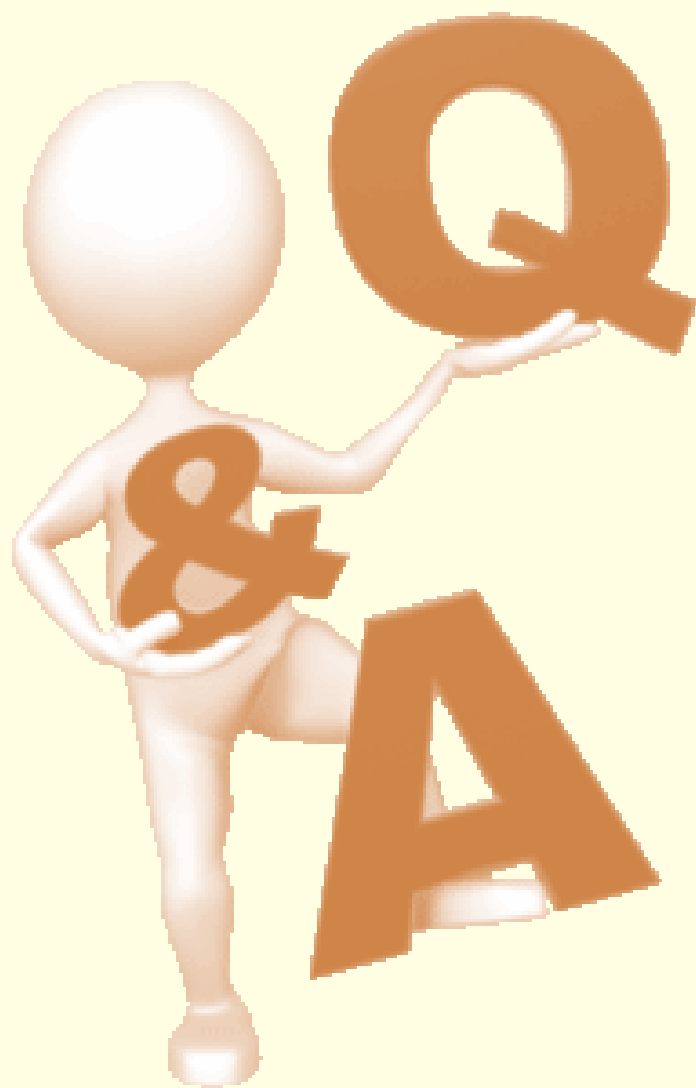
NIDA's prevention research program focuses on risks for drug abuse and other problem behaviors that occur throughout a child's development, from pregnancy through young adulthood. Research funded by NIDA and other Federal research organizations—such as the National Institute of Mental Health and the Centers for Disease Control and Prevention—shows that early intervention can prevent many adolescent risk behaviors.

Principle 1—Prevention programs should enhance protective factors and reverse or reduce risk factors (Hawkins et al. 2002).

- The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support) (Wills et al. 1996).
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent (Gerstein and Green 1993; Dishion et al. 1999).
- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors (Jalongo et al. 2001; Hawkins et al. 2008).
- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment (Beauvais et al. 1996; Moon et al. 1999).

Principle 2—Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained

NIDA's 16 Principles of Effective Prevention



WHY SCARE TACTICS IN DRUG PREVENTION MESSAGING DON'T WORK.

ALL DRUG PREVENTION EFFORTS MEAN WELL, BUT NOT ALL OF THEM DO WELL.

STRATEGIES BASED ON SCARE TACTICS JUST DON'T WORK.

Over the last few years, methamphetamine use in Montana reached epidemic proportions. Communities struggling to save their young people made a desperate attempt to get their attention by launching a campaign based on scare tactics. The intensive campaign used television, radio and billboards to graphically illustrate the worst consequences of meth use. Scenarios included meth users threatening to kill their parents, being raped, and even prostituting themselves to fund their methamphetamine use.

- Unfortunately, for all of the energy and money poured into this scare tactic campaign, it didn't deliver the expected results! In fact:
- The perception of how risky meth use is actually decreased among young people in Montana.
 - The percentage of teens reporting that they strongly approve of regular meth use increased four-fold.
 - The percentage of teens reporting they strongly disapprove of meth use decreased with each year of the campaign.
 - 40% - 50% of teens indicated that many of the ads exaggerate the risks. This percentage soared to 75% among Native American teens, a group at high-risk for meth use.

SCARE TACTICS CAN BACKFIRE, AND THEY OFTEN DO.

When adults are intent on protecting young people from a frightening danger, such as a new drug trend, they often attempt to instill fear as a deterrent. The goal is to emphasize the worst possible scenario in order to create fear and anxiety in our youth. The hope is that fear alone will prevent risky behavior. These are called "scare tactics", and they may include the use of:

- Graphic warnings
- Graphic images
- Scary stories told by recovering addicts
- Scary consequences told by family members or others impacted by someone else's use
- Tragic consequences told by family members or others impacted by someone else's use
- Mock DUI crashes

While intuitively this sounds like an effective approach, over 60 years of studies show that relying on fear to prevent problems like alcohol and other drug use simply does not work. Even worse, scare tactics can actually increase problem behavior.

WHY DON'T SCARE TACTICS WORK?

REASON #1: PEOPLE ARE HARDWIRED TO DEFEND AGAINST NEGATIVE MESSAGING.

Teens, like all human beings, have natural defenses to feelings of fear. As fear increases, defenses also increase to help control the intense emotions that are triggered. This is a normal and healthy human response.²⁵

When faced with scare tactics, a teen's natural defense might be:

DENIAL — "It won't happen to me."

AVOIDANCE — "This is just too scary, I am not going to think about it."

BLUNTING OR HUMBLING — "I don't understand."

COUNTERING WITH SKEPTICISM — "They're just trying to manipulate me, I'm going to ignore them." Or "I know people who do it, and they seem fine."

MAKING FUN OF THE MESSAGE — "This is your brain on drugs with a side of bacon."

Research shows that increasing fear about drugs and alcohol without providing clear action steps can actually increase use. This happens when we arouse too much fear and provide too simple of an action message.²⁶

Action messages cannot be about what NOT to do. Youth must be taught what TO do, and have an opportunity to practice the skill or behavior. Youth need the opportunity to learn decision-making, coping, and resistance skills. Research on effective prevention shows that these skills are best taught in the context of age-appropriate, comprehensive prevention programs that include interactive, skills-based education.²⁷

To purchase,
please visit our online store at:
www.DrugFreeActionAlliance.org

Drug Free Action Alliance

Statewide Non-Profit: *Drug Free Action Alliance educates key leaders on the problems facing their communities & provides the resources needed to take action!*

Mission Statement: Leading the way in promoting healthy lives through the prevention of substance abuse and related problems.

Diverse Programs:

- Ohio Youth-Led Prevention Network
- Buzzkill
- Parents Who Host, Lose the Most: Don't be a party to teenage drinking
- Know!
- Ohio Center for Coalition Excellence
- Ohio College Initiative to Reduce High-Risk Drinking
- Statewide Prevention Coalition Association
- GAP Network

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